

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	20066-13
	First Named Inventor	Shlomo BEN-HAIM et al
	COMPLETE IF KNOWN	
	Application Number	/ to be assigned
	Filing Date	to be assigned
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CARDIAC OUTPUT ENHANCED PACEMAKER

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
119,261	Israel	09/17/1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/026,392	09/16/1996	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/IL97/00236	07/09/1997	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Frank J. DeRosa	26,543
William H. Dippert	26,723	Morey B. Wildes	36,968
R. Lewis Gable	22,479		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	William H. Dippert				
Address	Cowan, Liebowitz & Latman, P.C.				
Address	1133 Avenue of the Americas				
City	New York	State	NY	ZIP	10036-6799
Country	USA	Telephone	(212) 790-9200	Fax	(212) 575-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Shlomo		BEN-HAIM			
Inventor's Signature				Date	
Residence: City	Haifa	State		Country	Israel
Post Office Address	101 Yefe-Nof Street				
Post Office Address					
City	Haifa	State		ZIP	34454
				Country	Israel

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plain sign (+) inside this box ☒

Approved for use through 8/31/02. OMB 0501-0002
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 100 or any United States implementing statute of any PCT international application designating the United States of America, filed before my inventor or the subject matter of such of my claims in this application is set disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge this duty to disclose information which is material to patentability as defined in 35 U.S.C. 102 which became available between the filing date of the prior application and the filing of my international filing date of this application.

U.S. Parent Application or PCT Parent Number PCT/IL97/00236	Parent Filing Date (MM/DD/YYYY) 07/09/1997	Parent Patent Number (if applicable)
---	--	--------------------------------------

☐ International U.S. or PCT (designated) application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all communications to the Patent and Trademark Office connected therewith:

☐ Customer Number ☐ OR ☒ Registered practitioner transmitting name listed below

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Frank J. DeRosa	26,643
William H. Dippen	26,723	Moshe E. Wildes	36,968
El. Lewis Gable	22,479		

☐ Appointed registered practitioner named on supplemental Registered Practitioner Information sheet PTO/SB/02A attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	William H. Dippen				
Address	Cowan, Liebowitz & Lerman, P.C.				
Address	1158 Avenue of the Americas				
City	New York	State	NY	Zip	10036-8789
Country	USA	Telephone	(212) 790-9200	Fax	(212) 675-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that false statements and lies are made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Name of State or Firm Inventor	<input type="checkbox"/> A petition has been filed for this unnamed inventor				
Given Name (first and middle, if any)	Shimon		Family Name or Surname		
Signature		BEN-HAIM			Date
Residence City	Hatza	State	Country	Israel	Citizenship
Post Office Address	101 Yeha-Nof Street				
Post Office Address					
City	Hatza	State	Zip	34454	Country
					Israel

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type in plain text (-) under this box → ☒

Under the Patent and Trademark Act of 1980, no person is required to provide information or documents or information or documents to the Patent and Trademark Office.

Approved for use through section. One invention. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unnamed inventor			
Given Name (last and middle if any)				Family Name or Surname			
NUSIM				DARVISH			
Inventor's Signature				Date	2004.9.14		
Residence City	Haifa	State		Country	Israel	Relationship	ISA
Post Office Address	22A Hanika Street						
Post Office Address							
City	Haifa	State		Zip	34500	Country	Israel
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unnamed inventor			
Given Name (last and middle if any)				Family Name or Surname			
YUVAL				MIKA			
Inventor's Signature				Date			
Residence City	Haifa	State		Country	Israel	Relationship	ISA
Post Office Address	49 Bat Lacham Street						
Post Office Address							
City	Haifa	State		Zip	35567	Country	Israel
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unnamed inventor			
Given Name (last and middle if any)				Family Name or Surname			
MEIR				FENSTER			
Inventor's Signature				Date	10- Nov -99		
Residence City	Petach Tikva	State		Country	Israel	Relationship	ISA
Post Office Address	81 Brande Street						
Post Office Address							
City	Petach Tikva	State		Zip	49600	Country	Israel

WARNING: Your Signature: This form is submitted by the U.S. Patent and Trademark Office. This form is required for the issuance of a patent. Any information on the amount of fees, and any other information in connection with this form should be sent to the U.S. Patent and Trademark Office, Washington, DC 20590. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND THE SIGNATURE INFORMATION TO: Patent, Washington, DC 20590.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Nissim

DARVISH

Inventor's
Signature

Date

Residence: City

Haifa

State

Country

Israel

Citizenship

ISR

Post Office Address

22A Hantke Street

Post Office Address

City

Haifa

State

ZIP

34606

Country

Israel

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Yuval

MIKA

Inventor's
Signature

Date

Residence: City

Haifa

State

Country

Israel

Citizenship

ISR

Post Office Address

49 Bet Lechem Street

Post Office Address

City

Haifa

State

ZIP

35567

Country

Israel

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Maier

FENSTER

Inventor's
Signature

Date

Residence: City

Petach Tikva

State

Country

Israel

Citizenship

ISR

Post Office Address

61 Brande Street

Post Office Address

City

Petach Tikva

State

ZIP

49600

Country

Israel

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.